



A Peer Support Specialist's Practical Guide to Implementing MISSION

MISSION, Second Edition

Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking

Introduction to the Peer Support Specialist's Role

Introduction

Welcome to the MISSION Team! This is a practical guide on "how to" deliver MISSION services for MISSION Peer Support Specialists (PSSs). This guide does *not* replace the MISSION Treatment Manual, but highlights key PSS roles and responsibilities; describes service delivery components; and references useful tools and materials for the PSS to use as MISSION is implemented. Corresponding manual page numbers are provided within this guide which link to detailed information in the manual and Participant Workbook. For a more detailed look at the MISSION model of care, please see pages 32-43 of the treatment manual. To access the manual and Participant Workbook, visit www.missionmodel.org.



Peer Support Specialist's (PSS) Role

As part of a team, the Peer Support Specialist (PSS) works alongside the Case Manager (CM). MISSION PSSs utilize their lived experience to advocate for clients, share wellness and relapse prevention strategies, and provide practical supports to improve socialization and community life skills. The PSS delivers five components of the MISSION model:



With regard to the provision of services, the PSS/CM team uses Critical Time Intervention (CTI), which is a time-limited form of assertive outreach, to structure service delivery. The PSS delivers 11 semi-structured Peer Led Sessions, which includes the introduction and discussion of topics that are relevant to clients' recovery and path to community re-entry. In addition to these core components of MISSION, the PSS also offers support and linkages around housing, employment, and education, as well as works in a trauma-informed way for those clients who have previously suffered trauma. Table 1 outlines core and support services provided by PSSs. For more information on the core components and the PSS's role please see pages 64-77 in the MISSION Treatment Manual.

Table 1: Brief Overview of Core and Support Services in MISSION

Critical Time Intervention (pgs. 65-66)

CTI is a time-limited, intensive case management model that focuses on critical transition periods, enhances continuity of care, and identifies/strengthens formal and informal community supports to prevent institutionalization and homelessness. It is similar to assertive community treatment, but offered for a time-limited period and includes treatment stages and phases briefly described below.

Phase 1 - Transition to Community: The PSS provides intensive community support to help clients utilize community supports which address treatment goals and assists clients in the housing process. The PSS maintains a high level of contact with each client through regular support check-ins, accompanying clients to appointments, and telephone calls.

Phase 2 - Try-Out: The PSS helps clients adjust to the systems of support that were developed in Phase 1. The PSS focuses on supporting clients in overcoming any barriers or challenges in accessing resources. The PSS meets with clients less frequently, but maintains regular contact in order to support clients in trying out resources and community activities.

Phase 3 - Transfer of Care: The PSS assists the CM in completing the transfer of care to community resources that will provide long-term support to clients. The PSS ensures that each client understands the community support system that is in place. This gradual process ensures that termination is less likely to be seen by the client as a sudden, potentially traumatic, loss.

Peer Led Sessions (pgs. 69-71; 204-209)

Peer Led Sessions are delivered to establish a sense of camaraderie among clients and PSSs. These sessions allow clients to discuss concerns, fears, questions, and hopes in a relaxed and trusted environment. The PSS:

- Provides 11 weekly, semi-structured Peer Led Sessions, usually in a group format, during CTI phases 1-2
- Facilitates booster Peer Led Sessions, as needed, during CTI phases 2-3
- Reviews related worksheets and readings completed in the Participant Workbook with clients

Rapid Re-Housing (pgs. 79-88)

The PSS supports clients' housing needs and preferences by:

- Assisting clients' with application processes
- Accompanying clients during the housing selection process
- Helping clients move in
- Promoting housing stability and recovery action plans from a "been there/done that" perspective
- Helping clients resolve conflicts or overcome barriers with landlords and housing authorities

Vocational and Educational Support (pgs. 90-100; 223-231)

The PSS monitors and supports clients' employment and educational goals by:

- Supporting job and career goal setting
- Providing linkage to vocational specialists
- Helping clients prepare for and secure necessary documents for job searches
- Assisting clients in managing conflicts with co-workers or supervisors
- Role-playing job interviews to provide direct feedback in a trusted environment
- Sharing personal experiences and lessons learned from his/her own past job searches
- Providing transportation and teaching clients transportation systems
- Accompanying clients to classes during difficult times
- Guiding clients to utilize available school supports

Trauma-Informed Care (pgs. 102-115; 232-244)

Being "trauma-informed" means being aware of the possibility of trauma among clients; knowing and being able to recognize symptoms of trauma; being aware of the impact trauma has on the lives of clients; being able to screen for trauma; and knowing how and when to refer out for specialized help. MISSION is a trauma-informed intervention *not* a PTSD intervention. The PSS:

- Creates a welcoming and safe environment
- Focuses on resilience, self-healing, mutual support, and empowerment
- Ensures voice, safety, autonomy, choice, trustworthiness, and the elimination of coercion

- May choose to share his/her personal success story of seeking help and support for trauma - *PSSs do not actively seek out a trauma story*

Getting Started with MISSION

Once the client has been determined to be eligible by the CM and has agreed to participate in MISSION, the client is introduced to his/her permanent CM/PSS team. The CM/PSS teams can meet with the client for an introductory orientation meeting as a team or the CM and the PSS can each meet with the client separately.

Providing Clients with an Orientation to MISSION

The introductory meeting is an opportunity for the PSS to learn about the client’s goals, barriers, strengths, hopes, and interests, as well as, triggers, coping skills, and available supports. During this meeting the PSS should take a relaxed and supportive stance, providing an informal atmosphere. The PSS should explain his/her role in MISSION service delivery and how it differs from the CM’s role. The PSS should emphasize that the team will work **together** to support the client. In addition, during the orientation, the PSS may offer to help clarify any aspects of MISSION that the client may not understand and/or has expressed ambivalence about. Lastly, during the orientation session the PSS introduces and provides the client with a MISSION Participant Workbook. The PSS then explains the content and structure of the workbook. Briefly, the workbook contains:

1. Tools that are used as part of DRT sessions led by the CM (i.e., self-guided exercises, DRT tools and readings, and checklists).
2. Exercises on recovery that are reviewed in Peer Led Sessions (i.e., readings on sustaining recovery and community living).

The PSS should also explain how he/she will work through the workbook with the client. If applicable, the PSS may share personal experiences of how the workbook materials have been helpful in his/her own recovery and encourage its use. Table 2 includes key areas to review with each new client during his/her orientation to MISSION.

Table 2: Key Program Elements to Review with MISSION Clients

Key Program Elements	
MISSION Structure	<ul style="list-style-type: none"> • Program Length (2, 6, or 12 months) • Team Based Approach: CM and PSS work closely together as a team to help the client; CM and PSS have distinct yet complementary roles • Frequency, duration of intervention, location of intervention (e.g., weekly Peer Led Sessions, check-in sessions) • The Participant Workbook
MISSION Goals	<p>MISSION...</p> <ul style="list-style-type: none"> ✓ Addresses co-occurring mental illness and substance use disorder (COD) ✓ Helps the client in reaching personal goals in his/her recovery ✓ Helps the client secure and maintain housing ✓ Supports the clients in attaining vocational and educational goals ✓ Provides linkages and transportation to community resources to help the client meet his/her goals
Program Requirements and Policies	<ul style="list-style-type: none"> • Confidentiality (i.e., mandatory reporting, communication between PSS and CM)

Providing MISSION Services

Peer Support/Check-in Sessions

In addition to the Peer Led Sessions, which are described in detail on pages 9-14 of this guide, PSSs meet with clients on their MISSION caseload for support/check-in sessions to further assess/address needs, provide support, and review/discuss workbook exercises and readings. These sessions are great opportunities for PSSs to share their own stories about re-entry into the community, issues they faced, and effective ways they have learned to navigate these challenges. These sessions can range from joining a client at an AA meeting and then meeting afterwards to check-in, to a phone check-in. Phone check-ins should be used as needed and should not replace face-to-face contact with clients.

Integrating the Participant Workbook into Service Delivery

The PSS plays a key role in clients' utilization of the Participant Workbook. Using the Participant Workbook requires close coordination between the PSS and the CM regarding what is occurring in DRT sessions. The PSS should encourage and help clients complete related workbook exercises prior to the corresponding DRT session – DRT readings and exercises are located in the Participant Workbook in Section C beginning on page 60. The exercises may be completed with the PSS or clients may prefer to complete them independently and review them with the PSS. During weekly check-in sessions with the PSS, the client and PSS should review completed exercises and discuss any insights or concerns the client may have. The PSS provides in-depth assistance as clients process workbook exercises and readings.

Specialized Role in Linkage Support

PSSs have a specialized understanding of the barriers and challenges clients face on their road to recovery. This experience helps PSSs provide a supportive role in assisting clients with achieving goals and engaging in community linkages and healthy activities. The following are specific roles PSSs have in assisting clients by using their personal insights and observations. For more examples of additional ways PSSs can provide support to clients please see pages 71-75 of the manual.

- **Reducing Fear.** Clients in the program are moving through a vulnerable transition period, which can induce fear of failing or uncertainty about what's next. While promoting engagement and retention in service use, PSSs can use encouragement, support, reassurance, and positive feedback to help clients through challenges.
- **Accompanying Clients.** Providing support by accompanying clients to their first few mental health appointments or AA meetings highlights the "battle buddy" approach. PSSs can assist clients in navigating unfamiliar community supports/spaces and transportation systems until they can eventually navigate on their own.
- **Promoting a Healthy Lifestyle.** Beyond sobriety and mental health symptom management, there are other self-care habits that are needed to maintain a healthy lifestyle. PSSs can share personal insight on how they established their own self-care routine. This can serve as a model for clients as they develop their own self-care practices.
- **Socializing.** When transitioning back into the community it can be difficult to find drug-free events and places. PSSs may accompany clients to 12-step meetings and other drug-free events until clients feel comfortable doing so on their own. Modeling for clients ways to develop a healthy social life and assisting them to find new friends can help build their support systems.
- **Achieving Goals.** PSSs have personal insight into what constitutes realistic goals for clients to set and achieve. Setting goals that are unmanageable can have a negative effect on clients as they may feel they are not making progress in their recovery. The PSS can play an active role in helping each client set reachable goals.

- **Working.** PSSs serve as role models and provide support to clients who are thinking about returning to work or are adjusting to work-life. The PSS can offer stories or insights regarding how he/she found the motivation and readiness to get and maintain a job.
- **Addressing Stigma.** PSSs can teach clients effective strategies for overcoming challenges of stigma while working towards recovery by educating them on how to approach situations where they feel stigmatized.

Peer Support Specialist's Responsibilities: Critical Time Intervention (CTI)

The PSS works in collaboration with the CM to provide services and support to clients on their caseloads. As clients are introduced to MISSION, PSSs are responsible for helping clients set goals; supporting clients in the community (e.g., transportation, accompaniment to meetings, etc.); identifying gaps in resources; and helping clients overcome barriers and challenges to recovery. Table 3 outlines the key PSS responsibilities per CTI phase. An overview of CTI phases and PSSs' responsibilities can be found on pages 65-66 of the treatment manual.

Table 3: Peer Support Specialists' Responsibilities per CTI Phase

CTI Phase 1: Transition to Community

During CTI Phase 1, PSSs:

- Meet with each client to orient them to the MISSION model and program requirements
- Provide Peer Led Sessions, usually in a group format, delivered once a week
- Meet with clients at least once a week for informal support session(s) focused on building rapport, assessing needs, and encouraging clients' engagement with resources
- Facilitate utilization of the Participant Workbook by discussing exercises and readings with clients
- Help clients overcome barriers in accessing resources by providing transportation, accompanying them to appointments, and modeling effective problem solving skills
- Provide transportation to 12-Step programs or other linkages to help ensure clients are consistently using services
- Work collaboratively with the CM to monitor each client's goals, treatment plan, and progress
- Work collaboratively with the CM to provide assertive outreach to ensure treatment engagement and retention (e.g., home visits, in-community sessions, etc.)

CTI Phase 2: Try-Out

During CTI Phase 2, PSSs:

- Work together with clients to monitor and revise treatment goals in the treatment plan
- Provide remaining Peer Led Sessions and begin to provide booster Peer Led Sessions as needed
- Meet with each client, as needed, for informal support sessions
- Continue to facilitate linkages that have been established
- Continue to help clients resolve barriers and challenges while empowering clients to overcome challenges independently
- Identify gaps in support systems, barriers to accessing services, or areas where clients need more support with the CM
- Monitor for slips and relapse. If relapse occurs it should not be punished - it should be framed as something that can occur on the road to recovery
- Assist clients in learning public transportation systems that they can use to get to meetings and appointments
- Work collaboratively with the CM to increase assertive outreach if the client becomes disengaged (i.e., no shows)

CTI Phase 3: Transfer of Care

During CTI Phase 3, PSSs:

- Celebrate each client's ability to maintain goals in healthy living
- Remind each client of the supports that have been established
- Reflect on accomplishments during the program
- Discuss the end of participation in MISSION in a framework that acknowledges the work accomplished as another

Assertive Outreach

The CTI phases described above rely heavily on the delivery of assertive outreach by CMs and PSSs. Assertive outreach is a way of organizing and delivering care via a CM/PSS team to provide intensive, highly coordinated, and flexible support and treatment for clients across the CTI phases. It includes such activities as home visits, meeting with clients in their local communities, etc. It has been found to increase engagement and improve outcomes. PSSs are encouraged to engage in assertive outreach activities throughout MISSION service delivery. Outreach should be increased when concerns regarding engagement arise, for example if the client begins to miss appointments or otherwise disengage.

Peer Support Specialist's Responsibilities: Peer Led Sessions

The PSS is responsible for delivering the 11 Peer Led Sessions to each client on their caseload. Sessions are delivered in 11 weekly sessions in CTI phases 1-2 and booster sessions are delivered as needed in CTI phases 2-3. Sessions can be delivered in a group or individual session format. Individual sessions range from 45-60 minutes, while group sessions range from 60-90 minutes. Group Peer Led Sessions are strongly encouraged, as they provide additional social support, enhance interpersonal learning, expand pro-social networks, etc. Additional information on Peer Led Sessions can be found in the MISSION Treatment Manual on pages 69-71 and in Appendix H beginning on page 204.

Ways to Structure Individual Peer Led Sessions

Individual Peer Led Sessions follow a relaxed structure. Session topics should be tailored to the client's needs and goals. The following is a suggested guide to structure individual Peer Led Sessions.

- **Welcoming.** The PSS begins by welcoming the client to the session.
- **Introduction of the Topic.** The PSS introduces the session topic and explains why it is important and relevant to the client's goals. The PSS should directly relate the topic to the client.
- **Personal Insight or Story.** To build on the topic the PSS may offer a related personal insight or story. The PSS may also relate the topic to a relevant DRT topic.
- **Engagement and Feedback.** The PSS provides a safe environment to engage the client in a discussion of his/her understanding of the topic and an opportunity to share personal connections with the topic. This allows the PSS to offer clarification and additional feedback to the client on his/her individual circumstance in an empathic and respectful manner.
- **Modeling.** The PSS teaches the client skills and other positive coping strategies that they have experience with by modeling them. PSSs may role-play skills with the client to illustrate how to use the skills.
- **Reorientation.** The PSS may encourage the client to engage in effective actions that reinforce new skills or insights.
- **Business Section.** This time is set aside for any business the client wishes to take up, such as planning projects or activities, arranging for future meetings, choosing discussion topics, sharing progress, etc.
- **Closing.** It is important that some signal be given to indicate that the session is formally closed. Some sessions end with a mantra. The client is reminded of the time and place of the next session.

Ways to Structure Group Peer Led Sessions

Group sessions include the same context as individual Peer Led Sessions, but have a slightly different format. The following is a suggested guide to structure group Peer Led Sessions – it is not necessary to incorporate every activity mentioned here into each group session.

- **Greeting of New Members.** Older members of the group greet and welcome new members at the door when they arrive, introducing them to other members.
- **Opening of Meeting.** At the agreed upon time, the meeting can be called to order by the PSS or a designated group member. Some groups open meetings with a quote, mantra, or even a mindfulness activity, such as relaxation breathing.
- **Introduction of Members.** Going around the room, members can introduce themselves and state their reasons for coming to the group. This is especially appropriate for new groups as it will help members get to know one

another and learn about common concerns. Offer members the option to “pass,” if they would rather not introduce themselves.

- **Round Robin Check-in.** Going around the room in a “round robin” style, each member can provide a Reader’s Digest version of their week in the following areas: substance use since last meeting; tracking of mood symptoms since last week (scale from 1-10); medication compliance or changes; and engagement in pro-social supports and activities (e.g., 12 steps, pro-social peers and family members). An “outline” for participation helps keep members on track when they speak. This outline can be posted in the room to remind members of the structure.
- **Discussion, Education, and Information Sharing Related to Peer Led Topic.** Here are some ways to structure the group discussion:
 - **Introduction of the Topic.** To begin the session, the PSS may provide an introduction to the topic, why it was chosen, and why it is something important for clients to think about. To build on the topic the PSS can offer a related personal insight or story.
 - **Round Robin.** The PSS can ask a question that sparks discussion or ask members to complete a statement and go around the group as each person responds, giving everyone a chance.
 - **Brainstorming.** Ideas are shared in a spontaneous way. Creative thinking is encouraged by not judging any particular idea.
 - **Role-playing.** Acting out a situation (e.g., how to communicate effectively with your doctor) can be helpful and fun. Some members enact the role-play while others observe and react or comment.
- **Business Section.** This time is set aside for any business the group wishes to take up, such as planning projects or activities (e.g., group outing to a sober event), arranging for future meetings (e.g., choosing discussion topics), making announcements, etc.
- **Closing.** It is important that some signal is given to indicate that the meeting is formally closed. Some groups end with a mantra. Members are reminded of the time and place of the next meeting.

Peer Led Session Topics

Below are descriptions of the content of each of the 11 Peer Led Sessions, along with examples of questions that may be utilized to spark discussion by the PSS, and notes for the PSS on how to deliver the content of each session.

Session 1: Willingness	
Introducing the Topic	Help clients understand that the assistance people are offering will only be helpful if they are <i>willing</i> to accept it, and that with willingness positive change can come.
Clients will...	<ul style="list-style-type: none"> ✓ Become informed that willingness is an important part of recovery ✓ Comprehend that willingness is necessary for change ✓ Understand that willingness is the basis for maintaining a quality way of life
Questions to Spark Discussion	<p><i>What are the things you’re willing or unwilling to change?</i></p> <p><i>Do you think willingness is an important part of the recovery process?</i></p> <p><i>Have you acted on your willingness?</i></p> <p><i>What are some of the results you experienced from being willing?</i></p>
Notes for the Facilitator	<p><i>Discuss what it means to be willing, and what each client is willing to change.</i></p> <p><i>Give/Share examples of ways to be more willing and potential results.</i></p>

Session 2: Self-Acceptance and Self-Respect

Introducing the Topic	Denial and being down on oneself is common, but by gaining self-acceptance and respect, clients can make the changes needed for healing and recovery.
Clients will...	<ul style="list-style-type: none">✓ Understand that denial and lack of respect hinders recovery✓ Become informed that self-acceptance is needed in order to grow and maintain recovery✓ Recognize that through self-respect, they will become more comfortable with themselves✓ Learn that self-acceptance and self-respect can help with overcoming stigma
Questions to Spark Discussion	<i>Where are you with self-acceptance and self-respect for yourself?</i> <i>What are you having difficulty accepting/respecting?</i>
Notes for the Facilitator	Have clients <i>explain</i> something they have accepted about themselves. Have clients <i>explain</i> how they have increased self-respect for themselves. <i>Discuss</i> how each client feels about stigma and how it affects their self-respect.

Session 3: Gratitude

Introducing the Topic	Acknowledging a higher power may be helpful to recovery. The goal is to help clients become more comfortable with gratitude.
Clients will...	<ul style="list-style-type: none">✓ Grasp the meaning of gratitude✓ Learn to identify how they react with others when they are not grateful✓ Understand how ungrateful interactions affect them✓ Learn strategies for being humble in specific situations
Questions to Spark Discussion	<i>Have you experienced gratitude in situations related to your recovery?</i> <i>Has being grateful brought change to you?</i>
Notes for the Facilitator	<i>Explain</i> gratitude. <i>Discuss</i> gratitude for recovery and ability to change. <i>Identify</i> challenges clients have with expressing gratitude.

Session 4: Humility

Introducing the Topic	Being humble is often a positive thing, and humbleness is different than being passive.
Clients will...	<ul style="list-style-type: none">✓ Recognize situations in which humility is helpful✓ Identify how they react with others when they are not humble✓ Understand how their interactions when not humble affect them✓ Learn strategies for being humble in chaotic or stressful situations
Questions to Spark Discussion	<i>Who do you know is humble and how has it changed them?</i> <i>Can you think of a way to relate humility to personal growth?</i>
Notes for the Facilitator	<i>Explain</i> humbleness. <i>Discuss</i> how humility has been a factor in clients' changes. <i>Teach</i> or <i>role-play</i> strategies that clients can use to be humble in situations.

Session 5: Dealing with Frustration

Introducing the Topic	Frustration happens and is normal. The goal is to help clients become more aware of
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	<p>their issues with frustration and improve strategies for resolution when dealing with frustration.</p> <ul style="list-style-type: none"> ✓ Identify situations in which they need to deal with frustration ✓ Learn to identify how they react towards others or themselves when not using tools to deal with frustration ✓ Understand how their interactions when frustrated affect them ✓ Learn strategies for dealing with frustration in specific situations
Clients will...	
Questions to Spark Discussion	<p><i>How do you usually resolve frustrating situations?</i></p> <p><i>What outcomes do you get when you resolve situations in that way?</i></p> <p><i>How do you think you can improve outcomes?</i></p>
Notes for the Facilitator	<p><i>Explain</i> frustration - sometimes frustration can be mistaken for anger or other emotions.</p> <p><i>Share</i> frustrating situations and how they were resolved.</p> <p><i>Discuss</i> the difference between dealing with frustration emotionally and rationally, and the potential outcomes of both.</p>

Session 6: Handling Painful Situations

Introducing the Topic	<p>Experiencing discomfort, uneasiness, or anxiety in certain situations is normal, and the goal is not to surrender to the situations, but to develop a way to acknowledge, cope, or deal with the issue(s) causing the situations.</p>
Clients will...	<ul style="list-style-type: none"> ✓ Identify situations painful to them ✓ Learn to identify how they react in painful situations ✓ Understand how interactions during painful situations affect them ✓ Learn strategies for handling painful situations
Questions to Spark Discussion	<p><i>Would you say that processing through a painful situation has been beneficial to the recovery process?</i></p> <p><i>Would you say communication is an important factor in working through painful situations?</i></p>
Notes for the Facilitator	<p><i>Identify</i> situations that clients feel the most discomfort or anxiety in.</p> <p><i>Explain</i> a specific circumstance that was painful and how they managed it.</p> <p><i>Discuss</i> clients' comfort in communicating about painful situations.</p> <p><i>Teach</i> or <i>role-play</i> coping strategies and other ways to manage issues causing the discomforting situation.</p>

Session 7: Significance of Honesty

Introducing the Topic	<p>Honesty is not always rewarded or recognized, but it holds a high value.</p>
Clients will...	<ul style="list-style-type: none"> ✓ Realize situations in which they need to be honest ✓ Identify how they react when they are not honest ✓ Understand how interactions when they are honest versus dishonest affect them ✓ Learn strategies for maintaining honesty in specific situations
Questions to Spark Discussion	<p><i>How do you handle a situation where honesty is needed?</i></p> <p><i>How do you feel when you are honest versus dishonest?</i></p> <p><i>When you can be honest with yourself do you feel that you can be honest with others?</i></p>

	<p><i>Discuss</i> the consequences of dishonesty and how clients feel when they are honest.</p> <p><i>Talk over</i> the role of honesty in recovery.</p>
Notes for the Facilitator	<p><i>Discuss</i> what it means to be honest with oneself.</p> <p><i>Identify</i> situations where clients feel “challenged” by being honest, and <i>teach</i> strategies for how clients can overcome these barriers and maintain honesty.</p>

Session 8: Courage

Introducing the Topic	<p>Feeling a lack of courage may be normal in some situations. The goal is to help clients understand the need for courage and to empower them to feel courageous.</p>
Clients will...	<ul style="list-style-type: none"> ✓ Identify situations that they need courage ✓ Identify how they react towards others or themselves when they are not courageous ✓ Understand how their interactions when not courageous affect them ✓ Learn strategies for being courageous in specific situations
Questions to Spark Discussion	<p><i>Would you agree that it takes courage to stand up for yourself?</i></p> <p><i>Does it take courage to recover?</i></p>
Notes for the Facilitator	<p>Have clients <i>share</i> a time when they needed courage.</p> <p><i>Discuss</i> the relationship between courage and honesty.</p> <p><i>Discuss</i> courage and the recovery process.</p> <p><i>Identify</i> situations in which clients have trouble feeling courageous and <i>teach</i> strategies for being courageous in these situations.</p>

Session 9: Patience

Introducing the Topic	<p>Lacking patience at times is normal. The goal is to help clients become more patient, especially in their recovery.</p>
Clients will...	<ul style="list-style-type: none"> ✓ Realize situations in which they are not patient ✓ Identify how they react with others when they are not patient ✓ Understand how their interactions affect them ✓ Learn strategies for being more patient
Questions to Spark Discussion	<p><i>How often do you wish your recovery was going faster?</i></p> <p><i>When has wanting something too fast interfered with getting it at all?</i></p> <p><i>What do other people say about you when you're impatient?</i></p>
Notes for the Facilitator	<p><i>Share</i> an anecdote that clients can relate to (e.g., desire for recovery to happen more quickly than it does).</p> <p><i>Discuss</i> situations where clients have had negative consequences from being impatient.</p> <p><i>Discuss</i> situations where clients have had positive results from being patient.</p> <p><i>Identify</i> strategies clients can use to calm themselves when they are feeling impatient.</p>

Session 10: Medicine Maintenance

Introducing the Topic	<p>Medicine maintenance is a part of life for people living with co-occurring mental illness and substance use disorders. The goal is not to cause alarm but to become more knowledgeable of the importance of using helpful medications as prescribed.</p>
Clients will...	<ul style="list-style-type: none"> ✓ Develop an understanding that their diagnosis requires maintaining the medicine

	<p>schedule as prescribed</p> <ul style="list-style-type: none"> ✓ Identify how they react when they are not compliant with their medicine regimen ✓ Learn strategies to stay on schedule
Questions to Spark Discussion	<p><i>How are side effects of your medications?</i></p> <p><i>Do you understand why you are taking medications?</i></p> <p>Discuss difficulties clients have with taking their medication as prescribed.</p>
Notes for the Facilitator	<p>Discuss the importance of clients' medications.</p> <p>Identify strategies for clients to stay on schedule with their medications.</p>

Session 11: Making a Good Thing Last

Introducing the Topic	<p>Wanting a good thing to last is normal, but making a good thing last requires work.</p>
Clients will...	<ul style="list-style-type: none"> ✓ Recognize situations in which they will have better experiences because of maintaining recovery ✓ Identify how they react with others when they stay the course ✓ Understand how their interactions when making the right decision affects them ✓ Reflect on how good things are evolving from living life on these terms
Questions to Spark Discussion	<p><i>What good things in life are you working to keep?</i></p> <p><i>Would you say that keeping good things is difficult?</i></p> <p><i>Do you feel that it is really worth it to put in the effort of maintaining good things in your life?</i></p>
Notes for the Facilitator	<p>Reflect on what good things have come during each client's road to recovery.</p> <p>Discuss what clients have done to get and maintain these good things.</p> <p>Identify good things clients have wanted but have not been able to reach.</p>

Peer Support Specialist's Responsibilities: Rapid Re-Housing

The MISSION team is responsible for helping homeless clients secure a permanent home via rapid re-housing support that is guided by the Housing First philosophy (see Table 4). The PSS along with the CM, actively work with clients to determine their housing needs and preferences, and then coordinate with housing authorities and landlords to help find a housing unit that suits the client. After the client is housed, the PSS helps monitor the client to help him/her maintain the housing placement (e.g., tracking utility expenses, ensuring rent is paid, intervening in conflicts, etc.). Rapid re-housing is further explained in the MISSION Treatment Manual on pages 79-88. PSSs may also direct clients to Exercise 6 in the Participant Workbook beginning on page 42.

Table 4: Housing First Principles Used in MISSION

Housing First Principle	Principle Description	PSSs' Role per Principle
Participant Choice Philosophy	MISSION clients actively participate in the housing selection process and are encouraged to openly share preferences.	PSSs will... <ul style="list-style-type: none"> ✓ Assist clients in the application process ✓ Accompany clients during the housing selection process ✓ Help address barriers (e.g., funding for utilities, move-in kits)
Separation of Housing and Services	Housing should not be conveyed as related to treatment adherence and sobriety. Housing should be posed as a client's right and critical need.	PSSs will... <ul style="list-style-type: none"> ✓ Assist with public housing authority applications, housing searches, and move in ✓ Promote housing stability and recovery action plans
Services are Voluntary and Flexible	The MISSION team delivers treatment services to clients to participate in voluntarily, and also makes the services individualized to match the client's needs thus having flexibility based on where the client is in his/her recovery.	PSSs will... <ul style="list-style-type: none"> ✓ Be accessible to clients to prevent and resolve crises ✓ Co-lead groups that are skills-building ✓ Engage clients to complete Participant Workbook exercises at their own pace
Recovery-Oriented Services	Services are recovery-oriented, and are dependent upon each client's treatment goals	PSSs will... <ul style="list-style-type: none"> ✓ Share personal experiences regarding sobriety and the housing selection process ✓ Attend AA/NA meetings with clients during the housing selection process
Community Integration	Clients should be encouraged to choose a	PSSs will...

	housing location where they are able to integrate themselves into the community and participate in community living. Clients should not be housed among other individuals with similar problems.	<ul style="list-style-type: none"> ✓ Accompany clients to appointments and encourage them to try new activities that are recovery-oriented ✓ Help clients navigate transportation options
Harm Reduction	Clients are able to make choices and are not treated based on the choices they make. Instead clients are encouraged to discuss consequences of their actions to promote reducing negative behaviors.	<p>PSSs will...</p> <ul style="list-style-type: none"> ✓ Share personal examples of using harm reduction strategies to minimize the negative consequences of psychiatric and substance abuse relapse ✓ Assist clients in taking the manageable steps needed to reduce harm

Rapid Re-Housing Support

Rapid re-housing begins with the housing search. The CM starts this process by conducting a pre-housing interview. Clients should be actively involved in this interview to ensure that their preferences are optimized. A housing preference tool can be found in Appendix K of the MISSION Treatment Manual on page 215. The PSS can assist clients in selecting housing options by accompanying them during the housing search and to meetings with potential landlords. The PSS may also role-play to help clients prepare for housing interviews and assist them in filling out housing applications. Since the moving process can be stressful, the PSS is encouraged to help clients move in order to make the transition increasingly positive and smooth. This may also involve helping clients obtain household necessities, such as furniture.

After housing is obtained it is critical to *maintain* it. The MISSION team can observe each client’s living situation through home visits and determine how the transition is going. When assessing the transition, the team may consider factors such as whether the client has unpacked, has had family or friends over, and/or indications of relapse. Although it is important to support clients in maintaining their home, it is also important to respect their privacy and boundaries. This can be done by making sure home visits are scheduled. The frequency of visits will vary depending on what stage the client is at in recovery, however showing up unannounced should only happen if the PSS/CM is concerned about the client’s safety.

Throughout MISSION the PSS, along with the CM, may address any housing related concerns or needs on the client’s treatment plan. Clients’ housing goals are important to identify so that the team can help clients achieve them. PSSs and clients may discuss ways clients can get more involved in the community to help with the transition to their new home. For example, the PSS may help the client locate a drug-free event or an AA/NA meeting in the community and accompany him/her there.

Peer Support Specialist's Responsibilities: Vocational and Educational Support

Clients present with a variety of vocational and educational needs, such as needing help obtaining employment, maintaining employment, and applying for educational programs. The PSS's role includes helping identify and supporting clients' employment and education related goals on the treatment plan; transportation training; and sharing personal experiences and lessons learned from his/her own past job searches and experiences. The PSS's role varies slightly based on each client's educational/vocational needs as displayed in Table 5. For more information regarding the vocational/educational support in MISSION, please see pages 90-100 and 223-226 (Appendix M) of the treatment manual. PSSs may also direct clients to Exercise 7 in the Participant Workbook beginning on page 48.

Table 5: Peer Support Specialist's Role Based on Clients' Needs

Employed Clients	Unemployed Clients	Supported Education
<p>Clients continue to need support as they move through different job stages, face challenges and stigma, and learn their role in the workplace, therefore PSSs:</p> <ul style="list-style-type: none"> • Teach/model skills that will help clients maintain employment (e.g., time management, conflict resolutions, and organizational skills) • Address symptom exacerbations on the job and share effective strategies from one's own personal recovery story to manage symptoms • Discuss/model how to manage conflicts with co-workers or supervisors at work • Encourage clients to make the needed changes and choices to maintain their job • Serve as a role model and provide insights from their own job experiences 	<p>Clients may experience difficulty finding and securing a job, therefore PSSs:</p> <ul style="list-style-type: none"> • Monitor employment goals with each client and the CM as per the treatment plan • Review employment related workbook exercises (on pages 46-56 of the Participant Workbook) with clients • Identify potential employers and gather necessary employment documents, such as applications, resumes, and personal documents (i.e., social security cards, proof of citizenship, transcripts) • Help clients prepare for job interviews by getting the necessary attire, conducting mock interviews, and providing feedback • Help clients navigate transportation systems 	<p>Clients may want to pursue educational goals, therefore PSSs:</p> <ul style="list-style-type: none"> • Explore career and education goals and preferences, so that schools/training programs can be chosen to apply to • Assist with enrollment and college readiness tasks (e.g., providing transportation to an interview or to class) • Provide regular or periodic check-ins to monitor and support the clients' academic progress • Accompany clients to school during difficult times to decrease poor performance or dropping out • Guide clients in utilizing school supports • Share personal positive experiences of utilizing educational benefits

- Share personal experiences and lessons learned from his/her own past job searches

Peer Support Specialist's Responsibilities: Trauma-Informed Care Considerations

Many clients have experienced at least one traumatic event in their life. Therefore MISSION PSSs are trained to identify and monitor trauma symptoms and their impact on treatment and recovery. With that said, MISSION is a trauma-informed intervention and *not* a trauma treatment program. Being “trauma-informed” means:

- ✓ Being aware of the possibility of trauma among clients
- ✓ Recognizing the symptoms of trauma
- ✓ Being aware of the impact of trauma on the lives of clients
- ✓ Screening clients for trauma
- ✓ Knowing how and when to refer clients out for specialized help.

The PSS is responsible for identifying and monitoring potential trauma symptoms, sharing concerns about trauma symptoms with the CM, and referring the client to the CM or Clinical Supervisor (CS) for a formal trauma screening, if needed. For further details on trauma-informed care, see pages 102-115 and Appendix N on pages 232-244 of the treatment manual. The trauma-informed role of the PSS is summarized in Figure 1.

Figure 1: A Trauma-Informed Peer Support Specialist

Trauma-Informed Role of the Peer Support Specialist

The PSS works closely with the CM to have each client properly assessed and referred to a trauma-focused treatment, if needed.

PSSs receive in-depth training on trauma. All MISSION staff are trained about trauma and incorporate knowledge about trauma in all aspects of service delivery.

PSSs operate based on the universal expectation that trauma has occurred.

If a client disclose and wants to talk about a trauma with you, take particular care to create a welcoming and safe environment by asking open ended questions, providing non-judgmental and empathetic responses. As the PSS, do not seek out a trauma story.

PSSs strive to be culturally responsive. Cultural differences can exist in beliefs about trauma and getting help for trauma. PSSs should be mindful and respectful that beliefs may differ from their own.

PSSs focus on resilience, self-healing, mutual support, and empowerment. Respect the client's survivor skills and resilience. Emphasizing client empowerment can help contradict the lack of control that accompanies traumatization.

PSSs ensure voice, safety, autonomy, choice, trustworthiness, and the elimination of coercion. For example, do not tell the client what they should do.

PSSs may choose to provide personal disclosure in service of the client. The PSS may share their success stories of seeking help and support for trauma.